

Case Number:	CM13-0029817		
Date Assigned:	11/01/2013	Date of Injury:	07/09/2011
Decision Date:	02/14/2014	UR Denial Date:	09/22/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 41-year-old female who reported an injury on 7/9/11; she tripped, fell forward, and struck her forehead on the corner of a metal cart. The patient complains of daily headaches at the back of her head, neck, forehead, and her eyes. She was seen at the [REDACTED] and her vision was noted to be okay. The patient was diagnosed with occipital neuralgia as result of the traumatic injury to the scalp. The patient cannot Neurontin, as it causes dizziness. Diagnoses include neck pain and headache.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

one Botox injection, 200 units: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: The California MTUS does not recommend Botox for migraine headaches, as there is mixed evidence to support its use in this instance; however, per an FDA news release dated 10/15/10, Botox injections are approved "to prevent headaches in adults with chronic migraines. Chronic migraines are defined as a patient having a history of migraine and

experiencing a headache on most days of the month". The clinical documentation submitted for review indicated the patient had previously tried Maxalt, Topamax, and Neurontin, and the patient was noted to have daily headaches at the back of her head, neck, forehead, and eyes. Given the above and the documentation of exceptional factors, the request is medically necessary.